

IHS-SAMHSA National Behavioral Health Conference

Improving Clinical Care with Behavioral Health Data

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Objectives

- Overview of IHS Health Care Delivery System and Mission
- Overview of IHS Health Care Information System
- RPMS Behavioral Health Applications
- Improving Clinical Care with Data



Overview of IHS



Indian Health Service

- Provides comprehensive care to over 1.6 million American Indians / Alaska Natives in 35 states
- Nearly 700 health care facilities

| | Federal | Tribal |
|-------------------------------|---------|--------|
| Hospitals | 33 | 15 |
| Health Centers | 59 | 221 |
| Health Stations | 50 | 97 |
| Residential treatment centers | 5 | 9 |
| Alaska village clinics | | 176 |
| Urban programs | | |



Indian Health Service

- Over 50% of programs are operated by tribes through tribally run compacted or contracted facilities
- 34 urban programs provide care to AI/AN populations in metropolitan areas
- Remaining care is provided through federally operated 'direct' programs (majority of the user population still receives care in direct programs)



I/T/U Behavioral Health Programs

- Outpatient BH services in primary care setting (hospitals and clinics)
 - Mental Health, A/SA, Medical Social Services
- Stand alone BH programs
- Residential Treatment Centers
- Youth Residential Treatment Centers
- In-patient psychiatric facilities
- Urban information & referral programs



Mission of IHS

“To raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.”



The Importance of Health Data in IHS



Data Needs

- Clinical care
 - Provision of care (diagnoses, meds, results, etc.)
 - Assessment of quality of care
- Public Health Surveillance
 - Fluoridation, Immunization, Suicide, etc.
- Billing / Collections
 - Diagnosis and service codes, accounts receivable
- Research
 - Collaborations with CDC, AHRQ, academia
- Performance Assessment
 - GPRA and other national measures
- Legislative
 - Congressional reports, budget justification, etc.



Performance and Funding

- Funding of Federal agencies is tied to performance of mission
- The IHS is responsible for achieving its mission for all beneficiaries whether served by Federal or Tribal facilities
- Proof of performance (improvement of health status) requires collection of individual and public health data
- In IHS, principal measure of performance is GPRA/CRS



Data Issues in IHS

- Funding and reporting are centralized, but administration and governance are decentralized
- Over half of Indian health programs are administered autonomously by tribes
- Submission of health data from tribes is voluntary
- Therefore, we (IHS) must provide tools for quality care and data collection that are attractive and meet the needs of all constituents, Tribal and Federal.



IHS Health Information System

RPMS EHR

RPMS

- Resource and Patient Management System
- IHS Health Information Solution since 1984

---- A.K.A. ----

Really Powerful at Measuring Stuff

RPMS EHR

What is RPMS?

- RPMS is an integrated Public Health information system
 - Composed of over 50 component applications
 - Patient and Population based clinical applications
 - Patient and Population based administrative applications
 - Financially-oriented administrative applications
- www.ihs.gov/CIO/RPMS

RPMS EHR

RPMS Integrates Multiple Clinical Systems



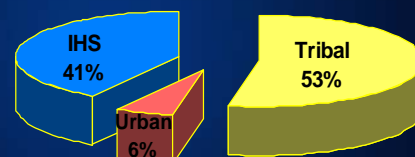
RPMS EHR

RPMS Behavioral Health Applications

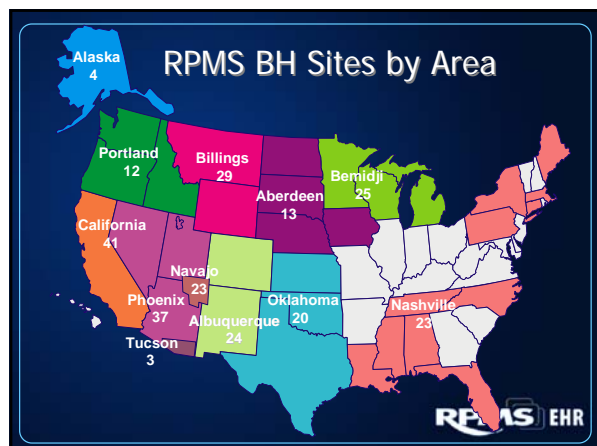
BHS v3.0 Patch 6
BH GUI (Patient Chart) v1.5 Patch 2
Integrated Behavioral Health

RPMS EHR

Programs Using RPMS BHS



RPMS EHR



RPMS Behavioral Health System

- **MH/SS developed in early 1990's**
 - The first complete electronic record in IHS
 - All data could be directly entered by providers
- **BHS released 2003**
 - Combined MH, SS, and A/SA functionality
 - CDMIS and MH/SS now obsolete
 - BHS and BH GUI are in use at ~250 I/T/U sites

RPMS EHR

BH GUI – IHS Patient Chart

- **First graphical interface to RPMS**
- **Now hosts BHS data entry module in GUI format – for provider documentation**
- **Currently at version 1.5, patch 2**
 - Sensitive Patient Tracking
 - Updated 2006 ICD-9 codes
 - Depression and Alcohol Screening Exam codes

RPMS EHR

Integrated Behavioral Health

- **National Director's initiatives**
 - Chronic Disease
 - Health Promotion / Disease Prevention
 - Behavioral Health care
- **Recognize that BH care occurs in the context of the whole patient**
- **Much BH care delivered in primary care setting**
- **Improving care requires communication and coordination of care**
- **Solution – integrate BH functionality into RPMS Electronic Health Record**

RPMS EHR

Electronic Health Records and RPMS EHR

RPMS EHR

Electronic Health Records

- **Health Information Technology Initiative**
 - DHHS Office of the Nat'l Coordinator for HIT
 - Nationwide implementation of an interoperable HIT infrastructure
 - Improve the quality and efficiency of health care
 - Electronic health records
- **Institute of Medicine**
 - "Crossing the Quality Chasm" report
 - Transforming the health care delivery system with Information Technology

RPMS EHR

Transforming Your Practice

The Institute of Medicine
"Crossing the Quality Chasm"
2001

"...to take advantage of information technology a nationwide effort is needed to build a technology-based information infrastructure that would lead to the elimination of most handwritten clinical data within the next 10 years."

RPMS EHR

The EHR Challenge for IHS

- Produce or acquire an Electronic Health Record system that:
 - Meets clinical and business needs of both Tribally and Federally operated facilities
 - Is scalable to the needs of facilities ranging from small rural clinics to medium-sized hospitals
 - Is affordable to facilities with no resource cushion or ability to borrow
 - Is sustainable into the future

RPMS EHR

RPMS – Elements of an EMR for over 20 Years

Current Features in RPMS

- Registration
- Scheduling
- Pharmacy
- Radiology
- Laboratory
- Immunizations
- Reminders (passive)
- Problem List
- Health Summary
- Other PCC functions
- Billing
- More . . .

Absent from legacy RPMS (but present in EHR GUI)

- Provider order entry
- Note authoring
- Point of care data entry
- GUI usability
- Active reminders & notifications

RPMS EHR

What is RPMS EHR?

- Integrated RPMS database
 - Applications adapted from VHA or developed by IHS
- Graphical User Interface
 - User-friendly and intuitive access to RPMS database for clinicians and other staff
 - Components derived from VHA (CPRS) or developed internally for I/T/U needs
 - Proprietary "framework" for presentation of various GUI components
 - Licensed from Clinical Informatics Associates (now Medsphere)

RPMS EHR

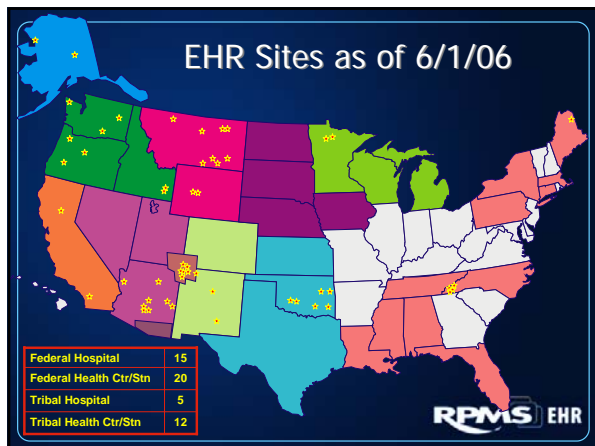
The screenshot displays the RPMS EHR interface for Patient 1146. The top navigation bar includes 'Patient Chart' and 'Visit not selected'. The main content area is divided into several panels:

- Problem List:** Shows a list of problems with dates. For example, 'Asthma' and 'Pregnancy' are listed with dates 15-Dec-2004 and 15-Dec-2004.
- Medications:** A table with columns for Medication, Status, Issue Date, and Date. It lists 'ACE/TAMINOP' and 'ALBUTEROL B.' with status 'EXPIRED' and issue dates of 15-Dec-2004.
- Reminders:** A table with columns for Reminder, Date, and Status. It lists reminders like 'Allergy Screen', 'Blood Pressure', 'Cocci', 'Dental Screening', 'No Allergy Assessment', 'Pap Smear', 'TEST', and 'Tuberculin Screen' with dates ranging from 15-Dec-2004 to 15-Dec-2005.
- Vital Measurements:** A table with columns for Vital, Value, and Date. It lists vitals like 'Temp', 'Pulse', 'RS', 'BP', 'Ht', 'Wt', 'BMI', and 'BUN' with values and dates from 15-Dec-2004 to 15-Dec-2005.
- Lab Orders:** A section titled 'No Lab Orders Found'.
- Appointments/Visits:** A table with columns for Appointment/Visit, Date, and Status. It lists visits to 'TEST CLINIC' on 23-Mar-2006, 29-Mar-2006, 14-Mar-2006, and 17-Feb-2006, all with a status of 'AMBULATORY'.

EHR Milestones and Status

- RPMS EHR was certified January 2005
- 7 test sites participated in 2004
- Presently 52 facilities use EHR
- Goal for all Federal sites to be using EHR by end of 2008
- Tribal sites encouraged to use EHR as well

RPMS EHR



How Can EHR Improve Care?

- **Access to Information**
 - Immediately available, no data entry delay
 - Service Unit wide, even remote satellite clinics
 - Legible
- **Computerized Order Entry**
 - **Much** less chance for error
 - Order checks for allergies and interactions
 - Complete, up to date medication lists
- **Reminders, Notifications, and Alerts**
 - Abnormal lab results
 - Screening and interventions that are due

RPMS EHR

EHR Behavioral Health Components

- **Full Behavioral Health System functionality**
 - Clinical documentation
 - Individual and group encounters
 - Case Status and Intake
 - Treatment Planning
 - Suicide Surveillance
 - Wellness Activities (Screening, Health Factors, Patient and Family Education)
 - Administrative activity documentation
 - Comparable to IHS Patient Chart
- **Integrated with EHR**

RPMS EHR

Advantages of EHR to BH Providers

- Computerized Order Entry
 - Medications, Lab, Radiology, other
- TIU notes for clinical documentation
 - Templates improve completeness of notes
 - Compatible with voice-recognition dictation software
- Notifications, Reminders and Alerts
 - Test results – lab, radiology, other
 - Orders or notes needing signatures
 - Order checks for allergies, drug interactions
 - Reminders for health screening and immunizations
- Access to medical history, problem lists, notes, etc.
- Consults
 - In-house referrals with feedback loop

RPMS EHR

Integrated Behavioral Health in EHR

RPMS EHR

Group Encounter - Add

Group Encounter Documentation

Primary Provider: TEST, DOCTOR Encounter Date: 1/25/2006

Program: CHEMICAL DEPENDENCY Arrival Time: 8:00:00 PM

Group Name: Wednesday Evening AA Group Community of Service:

Clinic: ALCOHOL AND SUBSTANCE Activity: GROUP TREATMENT

Encounter Location: CROW HO Activity Time: 60

Type of Contact: OUTPATIENT

Group Data | Patients | Patient Data

Secondary Providers

Name: DEMO LARRY Add Delete

POV (Primary Group Topic)

Code: 27 Description: ALCOHOL DEPENDENCE Add Edit Delete

S/O/A/P (Standard Group Note)

Wednesday AA group
Guest Speaker George Washington
Video presentation on Medical Effects of Alcohol

OPT Codes

Code: T1807 Description: ALCOHOL/SUBSTANCE ABUSE SERVICES Add Delete

Save Close

VueCentric

User Help

Patient Chart

IBH Adm

Notes (TUI)

Orders

Admin Entry

IBH Groups

IBH Visits

Suicide Form

BH Visits

(All Visits by Date)

Data View

Start Date:

5/ 4/2005

End Date:

5/ 4/2006

Display

| Date | Patient Name | POV | Axis V | Clinic | Activity | Visit Type | Contact Ty | Provider |
|-----------|-------------------|----------|--------|-----------|----------|------------|------------|-----------|
| 5/4/2006 | DEMO BOY | PHYSICAL | 45 | MENTAL HE | OTHER S | INTAKE | OUTPATIENT | USER DEMO |
| 5/3/2006 | DEMO FATHER | PHYSICAL | | ALCOHOLA | GROUP 1 | REGULAR | OUTPATIENT | USER DEMO |
| 5/3/2006 | DEMO MOTHER R | PHYSICAL | | ALCOHOLA | GROUP 1 | REGULAR | OUTPATIENT | USER DEMO |
| 5/3/2006 | PATIENT SENSITIVE | PHYSICAL | | ALCOHOLA | GROUP 1 | REGULAR | OUTPATIENT | USER DEMO |
| 5/3/2006 | DEMO TEEN | DEMENTIA | | MENTAL HE | COMMON | REGULAR | OUTPATIENT | USER DEMO |
| 5/2/2006 | DEMO TEEN | DEMENTIA | | MENTAL HE | CLINICAL | INTAKE | OUTPATIENT | USER DEMO |
| 5/2/2006 | DEMO TEEN | DEMENTIA | | MENTAL HE | TECHNIC | REGULAR | OUTPATIENT | USER DEMO |
| 5/2/2006 | DEMO TEEN | CROSS-CU | | MENTAL HE | CLINICAL | REGULAR | OUTPATIENT | USER DEMO |
| 4/18/2006 | DEMO TEEN | | 14 | MENTAL HE | CLINICAL | REGULAR | OUTPATIENT | USER DEMO |
| 4/17/2006 | DEMO BOY | | | MENTAL HE | GROUP 1 | REGULAR | OUTPATIENT | USER DEMO |
| 4/17/2006 | DEMO TEEN | HEALTH P | | ALCOHOLA | GROUP 1 | REGULAR | OUTPATIENT | USER DEMO |

Add

Edit

Delete

Print Encounter

Print Record

USER DEMO

DEMO MEDSPHERE.COM

DEMO HOSPITAL

04-May-2006 15:39

[illegible]

Medication Order

FLUOETINE CAP ORAL

Change

Dosage Complex

| Dosage | Route | Schedule | PRN |
|--------|-------|----------|-------------------------------------|
| 20MG | ORAL | QAM | <input type="checkbox"/> |
| 20MG | ORAL | QAM | <input checked="" type="checkbox"/> |
| 40MG | ORAL | QAM | <input type="checkbox"/> |

Comments:

Days Supply: 30 Qty (CAP): 30 Refills: 2 Pick Up Clinic Mail Window Priority: ROUTINE

☒ Chronic Med

ADRs

FLUOETINE CAP ORAL 20MG
TAKE ONE CAPSULE MOUTH EVERY MORNING
Quantity: 30 Refills: 2 Chronic Med YES

Accept Order

Quit

RPMS EHR

Future Development of BH Applications

- IBH in EHR pending release
- VHA Mental Health Assessment
 - Standardized Testing Instruments
 - Administer, record results, graph
- Outcome measures
- Treatment Planning Module
 - Robust
 - Integrated
 - A/SA and Mental Health



RPMS Suicide Reporting Form



RPMS Suicide Reporting Form

- Public Health Initiative
 - DHHS National Strategy for Suicide Prevention
 - IHS National Suicide Prevention Committee
- Purpose
 - Record accurate suicide data at the point of service to improve patient care and safety
 - Generate data for local, Area and national reports
- Developed by:
 - IHS DBH and OIT
 - I/T/U BH providers and SMEs



Suicide Reporting Form

- Data collection form for suicide events
 - Completions, attempts, ideation with intent and plan
 - Not a clinical intervention tool
- Available RPMS-wide but access is limited to providers and data entry (DE) staff
- Reports are controlled by security keys
- Populates one RPMS database – BHS
- SRF data exported to IHS National programs via BHS export process



Suicide Reporting Form

- SRF Originally released within BH applications – BHS and Patient Chart
- Suicide events often recognized in ER and primary care setting
- SRF made available to general providers using PCC, PCC+ in 2005, and to EHR users in 2006
- Collects demographic and epidemiologic data on suicide events – ideation, attempts, and completions
- Providers encouraged to directly enter SRF data

RPMS EHR

Suicide Reports and Aggregate Data

- Local
 - RPMS PCC and RPMS BHS Suicide Reporting Form reports
 - Can tally reports by any of the data elements including age, gender and community
 - Access to forms and reports controlled by RPMS Access and Verify Codes and security keys
- National
 - Aggregate data only (no patient identifiers)
 - Program planning
 - Population health statistics
 - Senate testimony
 - Budget justification

RPMS EHR

BHS Reports: Aggregate Suicide Data

| | | |
|-----------------------------|---------------------------------|---------------|
| Age Range: 20-24 years | Total # of Suicide Forms: 11 | REPORT TOTALS |
| Self Destructive Act: | IDEATION WITH PLAN AND INTENT | 8 73% |
| | ATTEMPT | 2 18% |
| | ATTEMPTED SUICIDE WITH HOMICIDE | 1 9% |
| Event logged by Discipline: | ALCOHOLISM/SUB ABUSE COUNSELOR | 1 9% |
| | FAMILY THERAPIST | 2 18% |
| | MEDICAL SOCIAL WORKER UNLIC | 2 18% |
| | MENTAL HEALTH | 1 9% |
| | MENTAL HEALTH (MASTERS ONLY) | 1 9% |
| | OUTREACH WORKER | 1 9% |
| | PSYCHOLOGIST | 2 18% |
| | DATA NOT ENTERED | 1 9% |
| Event logged by Provider: | STUDENT, TWO | 2 18% |
| | STUDENT, THREE | 1 9% |
| | STUDENT, FOUR | 1 9% |
| | STUDENT, FIVE | 1 9% |
| | STUDENT, NINE | 1 9% |
| | STUDENT, TEN | 1 9% |
| | STUDENT, ELEVEN | 1 9% |
| | STUDENT, TWELVE | 1 9% |
| | STUDENT, FOURTEEN | 1 9% |
| | STUDENT, FIFTEEN | 1 9% |
| Sex: | FEMALE | 10 91% |
| | MALE | 1 9% |

Using Health Information Technology
and Data to Improve Clinical Quality

GPRA
DV Screening Indicator

RPMS EHR

GPRA

- Government Performance and Results Act
 - **Federal law**
 - Performance-based budgeting
 - Measurable performance indicators to demonstrate effectiveness in meeting Agency mission

RPMS EHR

Clinical Reporting System (CRS)

- RPMS software application – formerly GPRA+
- National reporting of clinical performance measures
 - Area and local reports as well
- On-demand reports for over 200 clinical performance indicators in 41 clinical topics
- Eliminates need for manual chart audits for indicators with data in Resource and Patient Management System (RPMS)



Clinical Objectives for DV/IPV Screening

- Standard*
 - Adult females should be screened for domestic violence at a *new encounter* and at *least annually*;
 - Prenatal patients should be screened *once each trimester*

*Source: Family Violence Prevention Fund



Domestic Violence GPRA Clinical Performance Measure

- FY 2005
 - The IHS will ensure that 14% of women between the ages of 15 and 40 are screened for domestic violence.
- FY 2006
 - The domestic violence screening rate in female patients ages 15-40 will increase.
- IHS 2010 goal for DV Screening
 - 40% for female patients ages 15-40



CRS Logic for DV/IPV Screening

- CRS IPV/DV measure report logic will currently search for:
 - IPV/DV Screening Exam Code # 34
 - IPV/DV related POV
 - DV Patient and Family Education Code
- Preferred method of documenting screening is with the IPV/DV Screening Exam Code
 - ❖ Demonstrates intentional screening
 - ❖ Captures *results* of screening



GPRA IPV/DV Measure Results

- National Average GY2004
 - 4%
- National Average GY2005
 - 13%
- National Average GY2006 (3 Qtr)
 - 20%

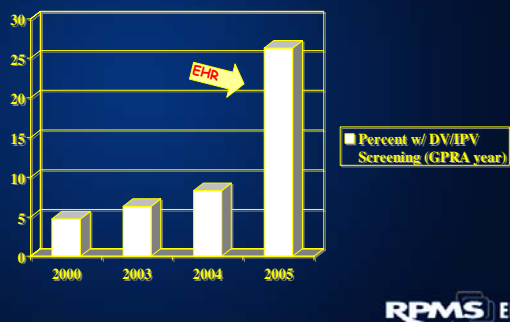


IHS-ACF DV Pilot Project

- GY2006 3rd Qtr Results
 - Data from 12 of 15 sites
 - 10 of 12 exceed 2006 target of 14%
 - 6 sites with screening rates over 30%, one site at 42%



DV Screen Age 15-40 (EHR Site A)



Using HIT to Improve DV Screening

- Screening results are recorded as an Exam code
 - Direct provider entry preferred
 - Or paper encounter form with data entry
- Screening results available to other providers via Health Summary or in GUI
- Reminders to screen via RPMS and EHR Health Maintenance Reminders
- Various reports available for assessment of performance in DV screening

RPMS EHR

Documenting IPV/DV Screening in BH GUI (IHS Patient Chart)

Clinic: MENTAL HEALTH Appointment or Walk-In: APPOINTMENT
 Type of Contact: OUTPATIENT Community of Service: TAHLEQUAH
 Arrival Time: 1:00

Behavioral Health Wellness Activity: ☒ Behavioral Health Wellness Activity ☐ PCC Wellness Activity

| Date | Education Topic | Health Factor | Alcohol Screening | Depression Screening |
|------|-----------------|---------------|-------------------|----------------------|
| | | | | |

Screening: Alcohol: **NEGATIVE** Comment: No hx of use
 Depression: **NEGATIVE**
 IPV/DV: **PRESENT** Comment: Currently in shelter.

Save Close

Documenting IPV/DV Screening in EHR

Health Factors:

| Category | Up | Severity | First Date | Exam | Result | Comments |
|------------|-----------------|----------|------------|---------------------|------------------|--|
| 10/15/2000 | CURRENT SMOKER | TOBACCO | 10/15/2000 | DIABETIC FOOT CHECK | NORMAL, NEGATIVE | |
| 10/15/2000 | PREVIOUS SMOKER | TOBACCO | 10/15/2000 | DIABETIC FOOT EXAM | COMPLETE | NORMAL, NEGATIVE 5/07 noncompliant exam repeat |

Add Exam:

| Exam | Result | Comment | Provider |
|---------------------------|---------|---|-------------|
| INTIMATE PARTNER VIOLENCE | PRESENT | ABUSIVE HUSBAND JAILED; PATIENT IN SAFE HOUSE | JETER, DEMO |

RPMS IPV Screening Reports

- On-demand reports at the local level
- Local data by clinic, provider and patient (vs. aggregate national CRS data)
- Timely data for peer reviews and performance improvement efforts
 - Identify providers/clinics with high screening rates
 - Identify providers/clinics with low screening rates

RPMS EHR

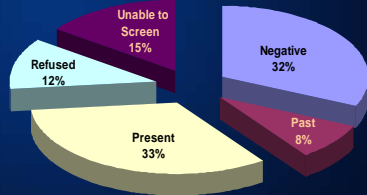
RPMS IPV Screening Reports

- Tally and listing of all patients receiving IPV/DV screen including refusals, sort by:
 - Date range
 - Age
 - Gender
 - Result
 - Provider
 - Date
 - Clinic
 - POV
- Can also print list of patients who have not been screened
- Access to reports is controlled by a security key

RPMS EHR

BHS Reports: IPV/DV Screening Results

IPV/DV Screenings



RPMS EHR

Improving Care with BHS Reports

RPMS EHR

BHS Reports: Patients Seen (*n* days)

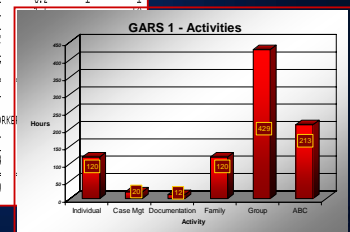
| PATIENT NAME | CHART # | SEX | DOB | CASE OPEN | LAST SEEN | # DAYS |
|--------------------|---------|-----|------------|------------|-----------|--------|
| ACORN, DUFFY | 200276 | M | 3/27/1990 | 9/16/2005 | 4/5/2006 | 44 |
| ADAMS, BADEN | 107468 | M | 5/30/1969 | 4/6/2006 | 4/28/2006 | 29 |
| ADAMS, EDNA JEAN | 107591 | F | 4/12/1955 | 4/6/2006 | 4/28/2006 | 29 |
| BACON, ADA LYNN | 106956 | F | 5/15/1931 | 5/12/2005 | 2/8/2006 | 100 |
| CISCO, PATTY RENEE | 200014 | F | 5/17/1990 | 7/12/2005 | 7/27/2005 | 296 |
| COLE, SANDRA | 200483 | F | 9/25/1990 | 6/7/2005 | 5/8/2006 | 11 |
| COX, KRISTEN | 200606 | F | 6/11/1990 | 6/13/2005 | 5/9/2005 | 375 |
| CURRY, MARGARET | 200603 | F | 11/4/1992 | 4/25/2005 | 5/9/2006 | 10 |
| DIABLO, BRANDI | 201243 | F | 8/22/1987 | 11/22/2005 | 5/9/2006 | 10 |
| OLD BEAR, TAYLOR | 104217 | M | 11/17/1944 | 9/16/2005 | 1/20/2006 | 119 |

Total Number of Patients: 10
Total Number of Cases: 15

RPMS EHR

BHS Reports: GARS

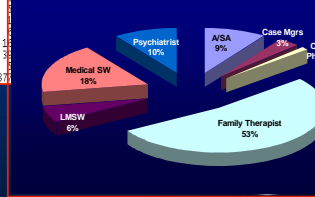
| | # RECS | ACT TIME | # PATS | # SERVED |
|---|--------|----------|--------|----------|
| PROVIDER: STUDENT, FIVE (MEDICAL SOCIAL WORKER UNLIC) | | | | |
| 11-SCREENING-PATIENT PRESENT | 4 | 3.3 | 4 | 4 |
| 12-ASSESSMENT/EVALUATION-PATI | 2 | 2.3 | 2 | 2 |
| 13-INDIVIDUAL TREATMENT/COUNS | 2 | 2.0 | 1 | 2 |
| 31-CASE MANAGEMENT-PATIENT NO | 1 | 0.2 | 1 | 1 |
| 37-PREVENTIVE SERVICES | 1 | | | |
| 41-EDUCATION/TRAINING PROVIDE | 1 | | | |
| 56-RECORDS/DOCUMENTATION | 2 | | | |
| 84-CULTURAL EDUCATION TO NON- | 1 | | | |
| 85-ART THERAPY | 7 | | | |
| PROVIDER TOTAL: | 21 | | | |
| PROVIDER: STUDENT, FOUR (MEDICAL SOCIAL WORKER UNLIC) | | | | |
| 42-EDUCATION/TRAINING RECEIVE | 1 | | | |
| 56-RECORDS/DOCUMENTATION | 1 | | | |
| 91-GROUP TREATMENT | 38 | | | |
| PROVIDER TOTAL: | 40 | | | |



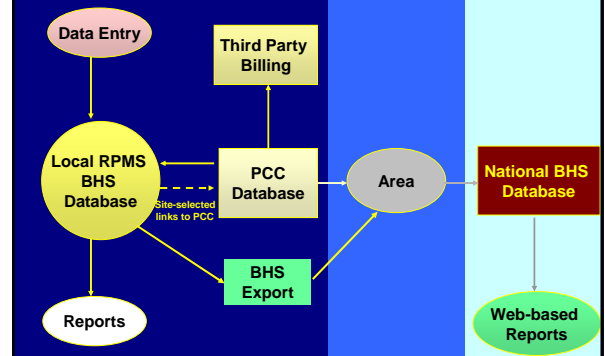
BHS Reports: Activity Time

| DISCIPLINE | NO. OF RECORDS | NO. OF PATIENTS | TOTAL ACTIV TIME | NO. OF RECORDS | NO. OF PATIENT |
|-----------------------|----------------|-----------------|------------------|----------------|----------------|
| PP | 205 | 73 | 260.3 | 95 | 13 |
| ALCOHOLISM/SUB ABUSE | 52 | 27 | 90.0 | 3 | 2 |
| CASE MANAGERS | 112 | 22 | 207.7 | 3 | 3 |
| CONTRACT PHYSICIAN | 178 | 35 | 265.7 | 14 | 7 |
| DENTIST | 2 | 2 | 4.0 | 2 | 1 |
| FAMILY THERAPIST | 133 | 40 | 1447.3 | 7 | 6 |
| LICENSED MEDICAL SOC | 124 | 5 | | | |
| MEDICAL SOCIAL WORKER | 317 | 4 | | | |
| MENTAL HEALTH | 9 | | | | |
| OUTREACH WORKER | 10 | | | | |
| PSYCHIATRIC NURSE P | 1 | | | | |
| PSYCHIATRIST | 69 | 1 | | | |
| PSYCHOLOGIST | 85 | 3 | | | |
| PSYCHOTHERAPIST | 20 | | | | |
| TOTALS: | 1334 | 37 | | | |

Activity Time by Discipline (sample)



BHS Data Movement



Behavioral Health Data and Clinical Quality

Behavioral Health National Reporting
IHPPES Program



Multiple Data Sources

- Data electronically exported to IHS National Programs
- Resource Patient Management System (RPMS) clinical application exports
 - Behavioral Health System
 - Mental Health/Social Service (“old” application; all sites should be using BHS)
 - Patient Care Component



Data Uses

- Program and administrative purposes
- Budget justifications
- Congressional hearings
- Public Health Data
- Advocacy
- Government Performance Results Act (GPRA)



Data Topics

- Suicide activity
- Methamphetamine
- Depression
- Alcohol
- Co-morbid conditions
- Other substance abuse disorders

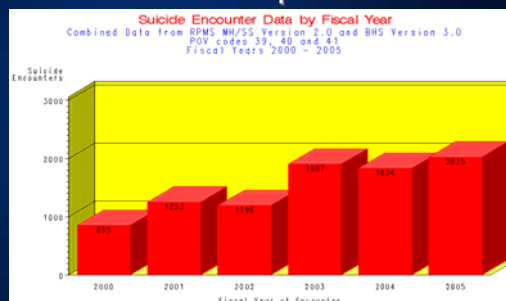


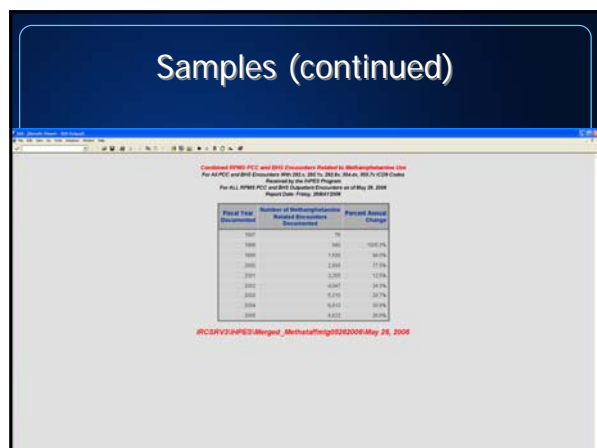
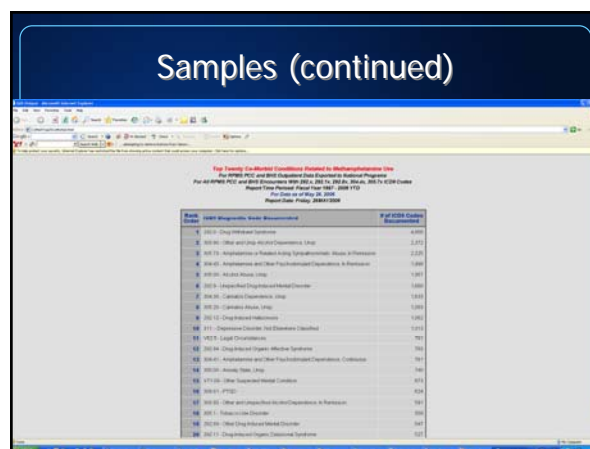
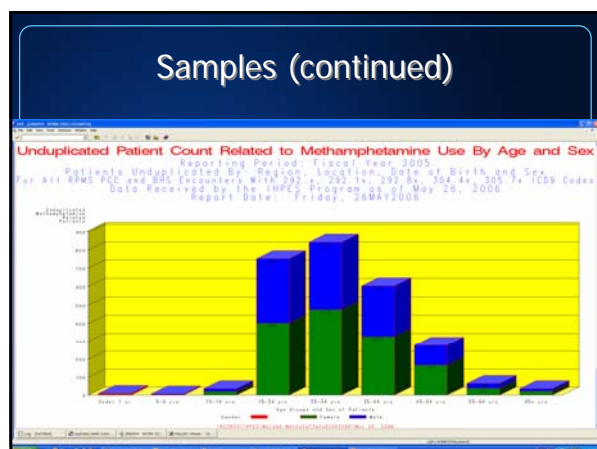
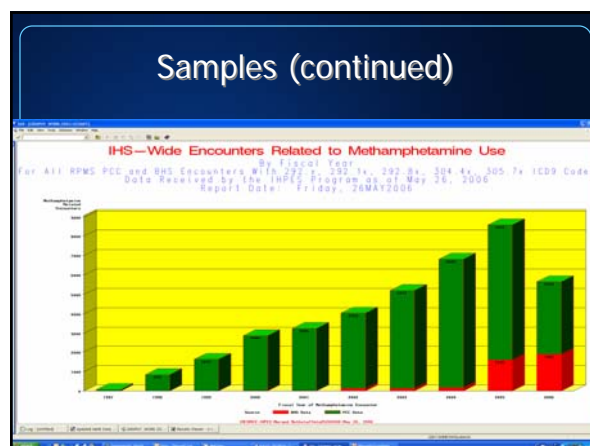
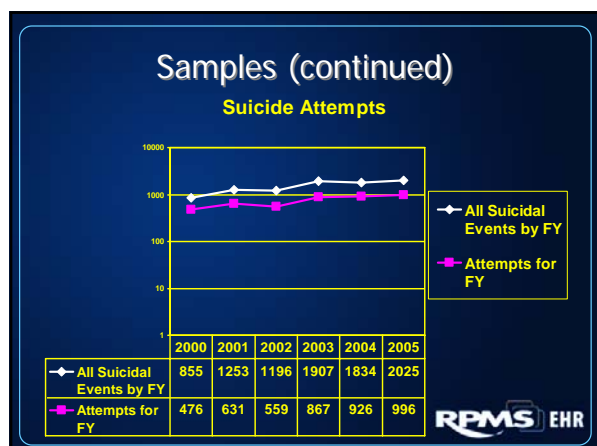
Access to Data

- Most data is now web enabled
- Data is available on a “next business day” schedule
- User friendly
- Aggregate data (no patient identifiers)
- No database/programming skills needed
- Report logic developed with BH experts



Samples





- ### On-going IHPES Behavioral Health Data Activities
- Improve electronic export of BHS data
 - Enhance web-based reporting applications
 - Develop standard report logic with BH subject matter experts
 - Address issue of dual data entry and data sharing with states
- RPMS EHR

For further information on RPMS BH
Applications

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Discussion

